Michigan Health Information Technology Commission Approved Meeting Minutes

Date Tuesday, June 14, 2022, 1:00 p.m. – 3:00 p.m.

Location Grand Conference Room, 333 S Grand Ave, Lansing, MI 48933

Commissioner Attendance

Name	Representing	Attendance
Norman Beauchamp, M.D.	Schools of Medicine	Present
Nicholas D'Isa	Health Plans or Other Payers	Not Present
Beth Nagel	Department of Health and Human Services	Present
Jack Harris	Department of Technology, Mgmt., Budget	Present
Allison Brenner, PharmD	Pharmaceutical Industry	Not Present
Heather M. Wilson. Co-chair	Hospitals	Present
Paul LaCasse, D.O.	Doctors of Osteopathic Med. and Surgery	Not Present
Camille Walker Banks	Purchasers or Employers	Present
Marissa Ebersole-Wood	Nonprofit Health Care Corporations	Present
Renée Smiddy, M.S.B.A.	Consumers	Present
Heather Somand, Pharm.D.	Pharmacists	Not Present
Jim VanderMey	Health IT Field	Present
Michael Zaroukian, M.D., Ph,D.	Doctors of Medicine	Present
Co-chair		

Michigan Department of Health and Human Services (MDHHS) Staff:

Molly Welch-Marahar, Brad Barron, Kenny Wirth, Kate Tosto

Guests:

Minutes:

The regular Health Information Technology Commission meeting was held in-person on June 14, 2022 with nine (9) commissioners in attendance. **Quorum was fulfilled.**

1. Welcome and Introductions

Presented by Kenny Wirth and Heather Wilson

- i. Chair called the meeting to order at 1:00 p.m.
- ii. Hybrid meeting conduct & Logistics
- iii. Introduction of Commissions & Special Projects MDHHS staff
- iv. Motion to approve 2/22/22 Minutes by Michael Zaroukian, Seconded by Norman Beauchamp

2. Updates

Presented by Molly Welch-Marahar & Beth Nagel

i. MDHHS Reorganization

3. Commission Action

Presented by Policy, Planning, and Operational Support Administration

- **A.** Adoption of the Bridge to Better Health Report: Michigan's Five-Year Health IT Roadmap
 - i. Co-Chair Zaroukian presented a motion to approve the Roadmap, Beauchamp seconded.
 - 1. There were no objections from the commission and the motion passed unanimously.

4. Presentation & Discussion – HIT Roadmap Implementation

Presented by Co-Chairs & MDHHS Policy, Planning, and Operational Support Administration

- Co-Chair Wilson presented on the HIT Commission's statutory role in Roadmap implementation
 - "Facilitate and promote the design, implementation, operation and maintenance of an interoperable health care information infrastructure of this state" Section 2505 of 2006 PA 137
- Co-Chair Zaroukian presented on the SWITCH Framework as it applies to Roadmap implementation
 - Direct the "rider" (rational mind)
 - Motivate the "elephant" (emotion)
 - Shape the "path" (environment)
- Molly Welch-Marahar presented on the six initiatives of the Roadmap along with their objectives
 - Identify champions and empower leaders
 - Enhance healthy data utility
 - o Work to address Michigan's digital divide
 - o Improve onboarding and technical assistance programs
 - Protect public health
 - Adopt standards for social care data fields
- Discussion on initiatives
 - R. Smiddy brought up the current state of telehealth policies that need clarification for the future
 - B. Nagel: Medicaid has been working to make those policies more permanent, but outside of Medicaid MDHHS is less sure
 - J. VanderMey: Many organizations lack capacity to do the work themselves, how do we bring knowledge to the lower end of engagement to practice that aren't engaged in EHRs
 - R. Smiddy: Patient consent concerns, can patients opt out of the dataexchange programs
 - Molly: MiHIN does address this with patient agency efforts,
 MiHIN could be invited to a commission meeting
 H. Wilson is in agreement that it would be a good idea for MiHIN to present to the HIT Commission in the future
 - N. Beauchamp: How does the commission's role cascade, who is doing what, what does success look like, and how do we know when we have achieved it?

- B. Nagel: Agrees this is a good question to explore, suggests using the Roadmap to make implementation plan, down to the granular level
- M. Zaroukian referred back to the statutory role of the commission, success is measured by fulfilling that role, J. VanderMey points out that implementation is embedded in initiative 1, H. Wilson reiterates the question of how do we measure success?
- R. Smiddy points out that hospitals pay MiHIN to get data repackaged back to them, how can we better understand the cost and value of these systems?
- Possibility of committees or advisory groups brought up by M.
 Ebersole, CIE may be one of these entities that provides structure to the plan
 - J. VanderMey- legislative guidance on data-sharing, etc., need regulatory/legislative clarity
- R. Smiddy raised the question of funding availability
 - B. Nagel & B. Barron explains there is no line item for funding the commission, but it is supported through Policy, Planning and Operational Support team, the role of the HIT commission is to make recommendations to MDHHS, so funding may be recommended
 - N. Beauchamp inquired about what resources could be utilized: Interns? Project Managers? Does the commission need to make a proposal?
 - M. Zaroukian believes Initiative 1 has taken on new significance, the commission needs to focus on identifying champions to identify champions to secure resource
 - C. Walker Banks asks if the commission is limited in where to look for funding
 - B. Nagel explains the limitation is that the commission is to advise the department on how to use funding, it isn't able to receive or send funding
- N. Beauchamp begins a discussion regarding how the Commission will be advising rather than doing, M. Ebersole and M. Zarkoukian agree this is important to define
- J. VanderMey recommends a refresh to Health IT governance, for example having behavioral health representation on the Commission
- o R. Smiddy: Would like the department to provide quarterly reports
- R. Smiddy: Recommends a discussion about LARA's new rule regarding Chronic Disease Reporting as the rule references the HIT Roadmap
- Follow ups from Discussion:
 - MDHHS to report back to Commission on the status of the 6 initiatives
 - Figure out next/steps and report back to Commission
 - Funding, Advising vs. Doing, how to prioritize

- Requested presentations on
 - MiHIN and Honoring Choices
 - Telehealth Policies
 - Mi-HI office

5. Presentation – Defining Community Information Exchange (CIE)

Presented by Molly Welch-Marahar, MDHHS Policy, Planning, and Operational Support Administration

- CIE is an evolving set of best-practices and technology guided by the goal of identifying and addressing SDOH needs
- CIE is characterized by a "no-wrong door approach" meaning that any entity that a patient engages with, whether it is clinical or community-based, provides a pathway to identify an SDOH need and connect them with someone who can help them to address it.
- In the interest of moving Michigan toward a state-wide proactive model for CIE, MDHHS will convene a CIE Task Force to provide state-level guidance for CIE comprised of experts from MiHIN and this commission, with strong representation from community-based organizations whose perspectives are essential to success.
- We would like to talk with you today about your interest in serving on this task force and listen to thoughts on how this body might leverage the HIT Commission to effectuate a statewide blueprint for CIE

6. Discussion- HIT Commission Representation on CIE Task Force

- M. Ebersole would like to see a payer at the CIE table, there is not currently a seat listed for them, especially Medicaid
- CIE should inform Initiative 4
- N. Beauchamp: Flint registry might mirror what we are doing; able to get external funding
- Federal government wants more integration with social services and measuring impacts on Health Equity
- J. VanderMey raises tensions between elevating local practice and statewide standards
 - Evidenced by local public health department challenges with state reporting
- HIT Commissioners interested in serving on CIE Task Force:
 - o R. Smiddy
 - o M. Ebersole
 - o N. Beauchamp

7. Public Comment

- None
- 8. Adjourn

M. Ebersole makes motion to adjourn, C. Walker Banks seconds, motion approved unanimously.

Next meeting scheduled for September 27, 2022